ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

this notice and must be completed.

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities o of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Director Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer General Partner Full Name (Last name first, if individual) MKP Strategies, L.L.C. (Number and Street, City, State, Zip Code) Business or Residence Address 600 Lexington Avenue, 18th Floor, New York, New York 10022 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner Executive Officer ☐ Director Managing Managing Member of the General Partner Full Name (Last name first, if individual) McMahon, Patrick Business or Residence Address (Number and Street, City, State, Zip Code) 600 Lexington Avenue, 18th Floor, New York, New York 10022 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer ☐ Director Member of the General Partner Full Name (Last name first, if individual) Keiter, Eric H. Business or Residence Address (Number and Street, City, State, Zip Code) 600 Lexington Avenue, 18th Floor, New York, New York 10022 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director Managing Managing Member of the General Partner Full Name (Last name first, if individual) Perkins, Maurice C. Business or Residence Address (Number and Street, City, State, Zip Code) 600 Lexington Avenue, 18th Floor, New York, New York 10022 Check Box(es) that Apply: ☐ Promoter ☐ Beneficial Owner General and/or Managing Partner Full Name (Last name first, if individual) DeVita, Thomas D. Business or Residence Address (Number and Street, City, State, Zip Code) 600 Lexington Avenue, 18th Floor, New York, New York 10022 Check Box(es) that Apply: Promoter ☐ Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Promoter Beneficial Owner Executive Officer Check Box(es) that Apply: Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary.) 9670378.1 2 of 8 SEC 1972 (1/94)

A. BASIC IDENTIFICATION DATA

					B.	INFORMA	TION ABO	OUT OFFE	RING				
1. 2. 3. 4.	What is *S Does th Enter th remune agent of	answer also the minim subject to the e offering he informate ration for set a broker to be liste	o in Append num investrated in the discretion permit join tion request solicitation for dealer re	dix, Columnent that we not the Go townership and for each of purchase gistered wi	n 2, if filing ill be accept eneral Partico of a single person where in connuth the SEC	l, to non-ac g under UL oted from a ner to accep e unit no has been ection with a door with	OE. ny individu t lesser am or will be sales of se h a state or	paid or giv curities in t	en, directly	or indirect . If a persof the broke	Yes Yes tly, any cor to be list r or dealer.	nmission or ed is an ass If more th	ociated person or an five (5)
Full Na			, if individ	ual)			<u> </u>						
Busines	ss or Res	idence Ado	iress (Num	ber and Str	eet, City, S	State, Zip C	ode)		**************************************				
Name c	of Associa	ated Broke	r or Dealer										
			ted Has Solor check in			olicit Purch	asers	- 47. Yye-			· 	☐ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last	name first	, if individ	ual)									
Busines	s or Resi	idence Ado	iress (Num	ber and Str	eet, City, S	State, Zip Co	ode)						
Name o	of Associa	ated Broke	r or Dealer		·····								
			ted Has Sol or check in			olicit Purch	asers					☐ All	States
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]
Full Na	me (Last	name first	, if individ	ual)									
Busines	s or Resi	idence Ado	iress (Num	ber and Str	eet, City, S	State, Zip Co	ode)		, "				
Name o	f Associ	ated Broke	r or Dealer								·		
	States in which Person Listed Has Solicited or Intends to Solicit Purchasers (Check "All States" or check individual States)										☐ All	States	
	[AL] [IL] [MT] [RI]	[AK] [IN] [NE] [SC]	[AZ] [IA] [NV] [SD]	[AR] [KS] [NH] [TN]	[CA] [KY] [NJ] [TX]	[CO] [LA] [NM] [UT]	[CT] [ME] [NY] [VT]	[DE] [MD] [NC] [VA]	[DC] [MA] [ND] [WA]	[FL] [MI] [OH] [WV]	[GA] [MN] [OK] [WI]	[HI] [MS] [OR] [WY]	[ID] [MO] [PA] [PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEE	DS		
1.	Enter the aggregate offering price of securities included in this offering and the total amount already s "none" or "zero". If the transaction is an exchange offering, check this box [] and indicate in the cothe securities offered for exchange and already exchanged.				
	Type of Security	Aggregat Offering Price		Amount Already Sold	
	Debt	\$		\$	
	Equity	\$		\$	
	[] Common[] Preferred				_
	Convertible Securities (including warrants)	\$		\$	
	Partnership Interests	\$500,000,000	<u>) </u>	\$375,000	_
	Other (Specify)	\$		\$	
	Total	\$500,000,000)	\$375,000	
	Answer also in Appendix, Column 3, if filing under ULOE.				_
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this off amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have paggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				
		Number Investors		Aggregate Dolla Amount of Purchases	ır
	Accredited Investors	3		\$375,000	
	Non-accredited Investors			\$	_
	Total (for filing under Rule 504 only)			\$	_
3.	Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this of type listed in Part C - Question 1.	sold by the iss			_
			pe of	Dollar	
	Type of Offering		curity	Amount Solo	d
	Rule 505			\$	
	Regulation A			\$	_
	Rule 504			\$	
	Total			\$	_
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities amounts relating solely to organization expenses of the issuer. The information may be given as subjute amount of an expenditure is not known, furnish an estimate and check the box to the left of the est	ect to future con	_		
	Transfer Agent's Fees		[\$0	
	Printing and Engraving Costs	•••••	[x] \$*	
	Legal Fees	• • • • • • • • • • • • • • • • • • • •	[x]] \$*	_
	Accounting Fees		[x] \$*	
	Engineering Fees		[]	\$0	_
	Sales Commissions (specify finders' fees separately)			\$0	_
	Other Expenses (identify)] \$*	_
	Total		Г.,	1 \$100,000*	_

*All offering and organizational expenses are estimated not to exceed \$100,000.

5. Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above. Payments to Officers, Directors, & Payments to Affiliates Others Salaries and fees		b. Enter the difference between the aggregate offering price gi expenses furnished in response to Part C - Question 4.a. This cissuer."	difference is the	ne "ad	juste	d gross proceeds to	o the		\$499,900,000	_
Salaries and fees	5.	purposes shown. If the amount for any purpose is not known, testimate. The total of the payments listed must equal the adjust	furnish an esti	mate	and o	heck the box to th	e left	of th		
Purchase of real estate						Officers, Directors, &				
Purchase, rental or leasing and installation of machinery and equipment [] \$ [] \$ Construction or leasing of plant buildings and facilities [] \$ \$ Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		Salaries and fees		[]	\$	ĺ]	\$	_
Construction or leasing of plant buildings and facilities		Purchase of real estate		[]	\$	[]	\$	_
Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		Purchase, rental or leasing and installation of machinery and eq	uipment	[]	\$	[]	\$	_
involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		Construction or leasing of plant buildings and facilities		[]	\$]	\$	_
Working capital		involved in this offering that may be used in exchange for the a	ssets or	1]	\$	{]	\$	-
Other (specify): Investment Capital in MKP Credit II Master Fund. Ltd. Column Totals		Repayment of indebtedness		[.]	\$	[]	\$	_
Column Totals [X] \$499,900,000 [] \$ Total Payments Listed (column totals added)		Working capital		[]	\$	[]	\$	_
Column Totals		7 . 1		[X	[]	\$499,900,000	[]	\$	-
D. FEDERAL SIGNATURE The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) MKP Credit II, L.P. Name of Signer (Print or Type) Title of Signer (Print or Type)				[X	[]	\$499,900,000	£]	\$	_
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) MKP Credit II, L.P. Name of Signer (Print or Type) Title of Signer (Print or Type)		Total Payments Listed (column totals added)				[X] <u>\$</u>	499,9	00,0	000	
The issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice is filed under Rule 505, the following signature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commission, upon written request of its staff, the information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of Rule 502. Issuer (Print or Type) MKP Credit II, L.P. Signature Title of Signer (Print or Type)		D FF	DERAL SIG	NATI	IRF					
MKP Credit II, L.P. Name of Signer (Print or Type) Title of Signer (Print or Type)	ign	issuer has duly caused this notice to be signed by the undersigne ature constitutes an undertaking by the issuer to furnish to the U.	ed duly author	ized p and E	erson	nge Commission, i	filed	unde writte	er Rule 505, the fol en request of its sta	lowing aff, the
MKP Credit II, L.P. Name of Signer (Print or Type) Title of Signer (Print or Type)	ssu	er (Print or Type)	Signatur		/	10/10/		D	Pate .	
		·	Mor	nes.	Xt.	Helrek		. [7/14/09	1
Thomas D. DeVita Chief Financial Officer of the General Partner	Van	e of Signer (Print or Type)	Title of Signer (Print or Type)							
		Thomas D. DeVita	1						rtner	

9670378.1

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 10001.)

W. Y. W. S. S. S. S. S.	
15	E, STATE SIGNATURE
1.	Yes No Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?
	See Appendix, Column 5, for state response. Not applicable
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. Not applicable
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. Not applicable
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. Not applicable
	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the ersigned duly authorized person.
Issu	er (Print or Type) Signature Date
MK	P Credit II, L.P. //e/04
	ne (Print or Type) Title (Print or Type)

Chief Financial Officer of the General Partner

Instruction:

Thomas D. DeVita

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX

MKP Credit II, L.P.

									
1	2		5 Not Applicable						
	Intend to sell to non-accredited investors in State (Part B-Item 1)		Type of security and aggregate offering price offered in state (Part C-Item 1)	Type of	investor and ame (Part C-l	in State	Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
			Limited Partnership Interests	Number of Accredited		Number of Non- Accredited			
State	Yes	No	\$500,000,000	Investors	Amount	Investors	Amount	Yes	No
AL									
AK									
AZ	<u> </u>								
AR								ļ <u></u>	
CA	ļ								
СО									
CT									
DE					- Arra		 		
DC									
FL		-							
GA		<u> </u>							
HI		-							
ID		-							
IL	-	-							
IN	1						·		1
IA									
KS KY			1						
LA								1	
ME		-							
MD									
MA									
MI									
MN					· ·				
MS									
МО									
MT	1						· · · · · · · · · · · · · · · · · · ·		
L	<u> </u>	L	L	<u> </u>				L	L

APPENDIX

MKP Credit II, L.P.

				MKP Credit II, L.P.								
1	Intend to non-accr investo	Type of security and aggregate offering price offered in state investors in State State Type of security and aggregate offering price offering price offered in state (Part C-Item 1) Type of investor and amount purchased in State (Part C-Item 2)							5 Not Applicable Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	No	Limited Partnership Interests \$500,000,000	Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No			
NE				}								
NV												
NH												
NJ		Х	X	1	\$200,000	0	0					
NM												
NY		X	X	2	\$175,000	0	0					
NC				7,,,,,,								
ND												
ОН												
ОК					· · · · · · · · · · · · · · · · · · ·							
OR			1									
PA												
RI							<u></u>					
SC												
SD												
TN												
TX												
UT												
VT	·											
VA												
WA												
WV												
WI												
WY												
PR												